

CHRISTIAN COUNSELING ASSOCIATES
501 E. 15th Street, Suite 102
Edmond, OK 73013

CONFIDENTIAL

Date _____

Parents _____

GENERAL INFORMATION

Name _____

Birthdate _____

Address _____

Phone _____

City, State, Zip _____

Grade in School _____

School _____

Teacher or Counselor _____

I have lived at this address for _____ years.

I live with my: _____ birth mother

_____ birth father

_____ step mother

_____ step father

_____ other _____

Number of brothers _____ Ages _____

Number of sisters _____ Ages _____

Number of half/step brothers _____ Ages _____

Number of half/step sisters _____ Ages _____

Have you ever lived in another place? _____ If yes, where and how long? _____

Have you ever been to a counselor? _____ If yes, where and how long? _____

Who is your medical doctor? _____ When was the last time you saw him and what did you see him for? _____

Are you currently taking any medicines? _____ If yes, what are they? _____

Circle the picture/word(s) that best describe how you feel most of the time?



Happy



Mad



Sad



Hurt



Fearful

When do you usually feel this way? _____

What do you usually do when you feel this way? _____

The person who understands you best is: _____

If you could change two things at home, they would be: _____

What is the best thing that ever happened to you? _____

What is the worst thing that ever happened to you? _____

Do you dream? _____ Do you have nightmares? _____ If yes, explain _____

Do you think you are a problem at home? _____ How? _____

Do you think you are a problem at school? _____ How? _____

How do you feel about your school grades? _____

How do your parents feel about your school grades? _____

What do you do to help around the house? _____

How do you feel about the rules at your home? _____

Do you think the rules are clear? _____ If not, what do you think would help? _____

How are you disciplined at home? _____

Do you think it is fair? _____ If not, how do you wish it were different? _____

Who do you have the most conflicts with? _____

Do you get your feelings easily hurt? _____ When? _____

Do you lose your temper easily? _____ When? _____

Do you have a really close friend? _____ Do you wish you had more friends? _____

What do you like to do with your friends? _____

If you could change one thing about yourself, it would be: _____

What kind of things does your family do together? _____

What kind of things do you wish your family did together? _____

Are you a member of a church? _____ Where? _____

How often do you attend? () weekly () monthly () seldom () never

Do you know Christ personally? () yes () no () unsure If yes, how did you become a Christian? _____

How has knowing Christ made a difference in your life? _____

What helps you grow closer to God? (i.e. prayer, Bible study, Sunday School) _____

One reason you are here is: _____

One reason your parents want you here is: _____

How can we help? _____